tion somewhere. If he has not registered according to law, why is he allowed to set the statutes of the province at defiance, and to be an insult and a reproach to the thoroughly educated graduates of British and Dominion Institutions. Will Dr. Atherton, Dr. Currie, or some other member of the Registration Committee rise and explain !

Yours truly,

TORONTONENSIS.

To the Editor of the CANADA LANCET.

SIR,—I regret to observe an article in the last issue of the other medical Journal published in Toronto, which contains a most wanton attack on one of the Edinburgh Medical Colleges. As a member of one of these Colleges (probably the one referred to, as the writer does not specify), I feel that the honor and fair name of *alma mater* is being outraged by parties who are either ignorantly or wilfully lending their small influence to libel time-honored institutions. I trust, sir, that you will not allow the foul libel to pass unrefuted.

Yours sincerely,

May 15th, '84. ALPHA.

[We have read the article referred to in our contemporary and our reply will be found in another column.—Ed. LANCET.]

Selected Articles.

ON DISLOCATIONS AND FRACTURES.

The following is an abstract of a lecture delivered at the London Hospital, February 15, 1884, by Jonathan Hutchinson, F.R.C.S., *Med. Press.*

Mr. Hutchinson announced his intention in this lecture, of dealing, in the way of rapid survey, with the general principles involved in the recognition and treatment of dislocations and fractures; and of the first kind of injuries he especially insisted on the great importance attaching to their diagnosis by the practitioner. By the commission of errors in this respect, and by failing to appreciate the true nature of an injury involving dislocation of a limb, the surgeon is not unlikely to secure for himself a greater amount of discredit than would follow almost any mistake he could make in professional practice. Nor is it difficult to understand the reason for this, since by the permitted existence of dislocation for any considerable length of time, deformities may be set up, and discomfort to the patient thereby produced, which no attempt to cure will succeed in removing; but, as a general rule, all such consequences arise from the carelessness of the practitioner, who never ought, unless guilty of insufficient or incautious examination, to overlook any ordinary case of dislocation. In order, however, to prevent this untoward occurrence, it is well to bear in mind, and to call into use on every occasion, the fact that a dislocation comes under treatment of two safe rules, as follows :

1. Never examine a patient under these circumstances without stripping him and making accurate comparison of the two sides of the body, and

2. Should any doubt arise as to the existence of a dislocation after cursory examination, conducted according to Rule 1, then refuse to be satisfied until the patient has been put under the influence of an anæsthetic, and while in this condition subjected to every available test, with a view to absolute accuracy of diagnosis. Especially should this precaution be observed in the case of young patients, who naturally resist manipulation when awake, and with those who are unusually sensitive and restive under examination.

In many cases it will occur that instead of being simple, a dislocation will be complicated by the coexistence of a fracture along with it, whereby the difficulty connected with its diagnosis will be much increased, and in young children particularly, complications of this character are very frequently met with, dislocations of a simple nature being rare among them. In his own experience, Mr. Hutchinson declared he had never met with a simple dislocation of the shoulder joint in a child, but, on the other haud, he had seen numbers in which there had been separation of the upper epiphysis of the humerus, with consequent simulation of dislocation. In the wrist this form of injury does not occur, the hip being by far the most usual site of it, and in the case of children it is important to remember that when symptoms of dislocation are apparent they should be taken as affording indication of the occurrence of other injuries as well.

Among young children separation of the epiphysis of the long bones is a common accident, and it is not to be in any way regarded as a fracture either of the anatomical or surgical neck. In consequence of the force required to produce complete displacement of the sundered parts being very great, this condition is, as a rule, replaced by one of incomplete displacement, which also the extensive surfaces of the disconnected portions of bone contribute to bring about—in the humerus, *e. g.*—in which, when so injured, a forward sliding of the bone takes place for a little distance, but the combination of this separation of the epiphysis and dislocation of the bone at the joint is one of those accidents which, in Mr. Hutchinson's experience, do not occur.